

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36215

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. St. Ann Hospital)

File No.....

Registered No. 9792

St. .... Ward)

## 2. FULL NAME

Stillborn Herod(a) Residence, No. 4518 Newberry Terrace, St. Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

## 13. NAME

James Herod

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss.

## 15. MAIDEN NAME

Edith Dudley

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 17. INFORMANT (ADDRESS)

James Herod  
4518 Newberry Terrace

## 18. BURIAL, CREMATION, OR REMOVAL

Lake Charles Cem. DATE Oct. 22nd, 1937

## 19. UNDERTAKER (ADDRESS)

Drehmann & Haral  
1905 Union Blvd.

## 20. FILED

OCT 22 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:27 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Stillborn, macerated about 8 solar months gestation.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Percy H. Swahler, M. D.(Address) St. Ann Hospital, St. Louis

